

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/889733**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5						
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		2				
14		1				
15		1				
16	1					
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
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38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46	1					
47		1				
48	1					
49	1					
50	1					
TOTAL IND.	1					
TOTAL DEP.		1				
TOTAL CLAIMS	1	1				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53		1				
54	1					
55	1					
56		1				
57		1				
58		1				
59	1					
60		1				
61		1				
62		1				
63		1				
64	1					
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67		1				
68	1					
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89						
90						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	12					
TOTAL DEP.		13				
TOTAL CLAIMS	25					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS